

Spencer County Health Department

200 Main Street, Room 2

Rockport, IN 47635

Telephone: 812-649-4441

Fax: 812-649-2928

APPLICATION FOR RETAIL FOOD ESTABLISHMENT LICENSE 201__

Establishment Name: _____

Establishment Mailing Address:

Street/P.O. Box: _____

City/State/Zip: _____

Business Phone Number: _____ Fax # _____

E-mail Address: _____

Name of Owner (s): _____

Address of Owner:

Street: _____

City/State/Zip: _____

Phone Number of Owner: (____) _____

Name & Home Phone of Manager: _____

Type: ___ Restaurant ___ Grocery ___ Convenience ___ Tavern ___ Other(specify) _____

Certified Food Handler: _____ Date of Certification: _____

Certified Food Handler: _____ Date of Certification: _____

Name of Food Handler Course taken: _____

Date of Application: _____ Signature of Applicant: _____

RENEWALS DUE BEFORE JANUARY 1

Fee: \$50.00

Penalty for operation without a license \$50.00 per day

NEW ESTABLISHMENTS:

Opening Jan. 1st – June 30th fee \$50.00

Opening July 1st – Dec. 31st fee \$25.00

NOTE: If the license is to be *returned by mail*, PLEASE ENCLOSE A STAMPED, SELF ADDRESSED ENVELOPE along with your check made payable to the SPENCER COUNTY HEALTH DEPARTMENT.